



PERINATAL HEPATITIS B SCREEN

SF 45057 (R6/10-07)
CLIA Certified Laboratory #15D0662599

INDIANA STATE DEPARTMENT OF HEALTH
LABORATORIES
550 W. 16TH STREET, SUITE B
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This questionnaire is authorized by IC 16-19-3-1 and 42 USC247(b). Although response is voluntary, cooperation is necessary for the study and control of the disease. This information is confidential pursuant to IC 16-41-8-1 and IC 16-39.

PATIENT INFORMATION

Patient's Last Name						First	Middle	FOR ISDH USE ONLY ISDH Lab No. _____ Date Received _____ High Risk _____ Date Specimen Collected _____
Patient's Address								
City								
County								
DOB		Race	Ethnicity	Sex	Telephone	State		Zip
					()	Estimated Date of Confinement		

PATIENT HISTORY (complete only for prenatal patients)

Refugee ☐ Yes ☐ No ISDH Lab. No. _____

Specimen This Pregnancy ☐ First ☐ Second ☐ Other _____

HBV Immunization ☐ Yes ☐ No Date(s) _____ (Previous Specimen)

Diagnosed acute HBV infection during current pregnancy?..... ☐ Yes ☐ No ☐ Unknown

Trimester diagnosed: ☐ First ☐ Second ☐ Third ☐ Post-Delivery

Past diagnosed HBV infection?..... ☐ Yes ☐ No ☐ Unknown

Current symptoms of hepatitis?..... ☐ Yes ☐ No ☐ Unknown

Past acute/chronic liver disease? ☐ Yes ☐ No ☐ Unknown

Past transfusion or hemodialysis?..... ☐ Yes ☐ No ☐ Unknown

Past or current use of IV drugs?..... ☐ Yes ☐ No ☐ Unknown

Past or current sexual contact with IV drug users? ☐ Yes ☐ No ☐ Unknown

Past or current sexual contact with greater than 1 partner in the last 6 months?..... ☐ Yes ☐ No ☐ Unknown

More than one episode of STD?..... ☐ Yes ☐ No ☐ Unknown

Past or current health care employment with exposure to blood/body fluids?..... ☐ Yes ☐ No ☐ Unknown

Past or current work in residential institutions for mentally handicapped persons?..... ☐ Yes ☐ No ☐ Unknown

Past or current sexual/household contact with HBV patient/carrier? ☐ Yes ☐ No ☐ Unknown

Country of Origin: _____

CONTACT HISTORY (complete only for contacts of prenatal positive patients)

Relationship to prenatal patient: ☐ Immunized infant born to prenatal positive mother
☐ Household/sexual contact (including other children)

Name of prenatal patient: _____

For ISDH USE ONLY

Doctor's Name _____	
Address _____	
City _____	State _____ ZIP code _____
County _____	Office Phone (_____) _____

LABORATORY RESULT Date: _____	
HbsAg (EIA)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Anti-HBs (EIA)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Anti-HBc (EIA)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Comments _____	

Reporting Microbiologist	

PERINATAL HEPATITIS B SCREENING PROGRAM

INTENDED USE

The purpose of this program is to screen pregnant women in the state of Indiana for the hepatitis B virus. One serum sample should be collected from each patient as early as possible in the pregnancy for laboratory testing at the ISDH. Additional samples may be required if initial results are positive or if the patient is at high risk of infection. In addition, contacts of seropositive women will be screened.

SEROLOGICAL SPECIMEN COLLECTION

1. Collect 5-10 ml of blood in a serum-separator tube with a tight-fitting cap and label with patient name and collection date. Use writing implements that do not smear.
2. Complete this form on reverse side in ink, including 9-digit zip code, with each properly labeled specimen.

PACKING AND SHIPPING SPECIMENS

1. Use container 11C provided by the ISDH for shipping specimens.
2. Wrap the absorbent material, provided inside the inner mailing container, around the specimen tube to absorb shock and contain possible leakage. Insert wrapped specimen tube into inner mailing container and secure cap. Wrap completed request form around inner container and place in outer mailing container. Secure cap tightly.
3. Complete the pre-addressed label on outer mailing container with a return address and postage, and send via first class US mail.
4. Please use above packaging instructions to assure compliance with federal shipping regulations and to minimize breakage. Broken or leaking specimens present a biohazard and cannot be tested.